



NEW JERSEY MOTOR VEHICLE COMMISSION

LICENSE CORRECTION APPLICATION

Application For: (Check One)

License Correction

Permit Correction

Owner Only Correction

DRIVER LICENSE #:

Please print all correct information.

Name	Sex	Date of Birth	Eye Color
Weight	Height	Ft.	In.
Social Security No.			
Address	City	State	
	Zip	County	

Please Select One:

Photo Paper

I certify the statements on this application are true and correct.

Signature

Date